



**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. 1450  
Alexandria, VA 22313-1450

Application No.	10/712,472
Filing Date	November 12, 2004
First Named Inventor	Axel Herbst
Art Unit	2167
Examiner Name	Rayyan, Susan F.
Attorney Docket Number	6570P057

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>							
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <table border="0"> <tr> <td>i. <input type="checkbox"/> Amendment/Reply</td> <td>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</td> </tr> <tr> <td>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</td> <td>iv. <input checked="" type="checkbox"/> Other Response _____</td> </tr> </table>		i. <input type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)	ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input checked="" type="checkbox"/> Other Response _____		
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ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input checked="" type="checkbox"/> Other Response _____						
2. Miscellaneous							
<p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.							
<p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. <u>02-2666</u>. I have enclosed a duplicate copy of this sheet.</p> <table border="0"> <tr> <td>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</td> <td>03/09/2007 HGUTEMA1 00000026 022666 10712472</td> </tr> <tr> <td>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</td> <td>01 FC:1801 790.00 DA</td> </tr> <tr> <td>iii. <input type="checkbox"/> Other: <u>(\$0.00)</u></td> <td></td> </tr> </table>		i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	03/09/2007 HGUTEMA1 00000026 022666 10712472	ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:1801 790.00 DA	iii. <input type="checkbox"/> Other: <u>(\$0.00)</u>	
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iii. <input type="checkbox"/> Other: <u>(\$0.00)</u>							
<p>b. <input type="checkbox"/> Check in the amount of <u>\$790.00</u> enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>							

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

The PTO did not receive the following item(s) \$790.00

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Robert B. O'Rourke	Registration No. (Attorney/Agent)	46,972
Signature			
Date	3/6/07		

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type)	Janece Shannon		
Signature		Date	March 6, 2007



# FEES TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

790.00

Complete if Known

Application Number	10/712,472
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First Named Inventor	Axel Herbst
Examiner Name	Rayyan, Susan F.
Art Unit	2167
Attorney Docket No.	6570P057

## METHOD OF PAYMENT (check all that apply)

- Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input checked="" type="checkbox"/> Credit any overpayments   |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   | <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application. |   |

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	16	39* = 0 X 50.00 = \$0.00	
Multiple Dependent	2	5* = 0 X 200.00 = \$0.00	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		Request for Continued Examination (RCE) _____		
SUBTOTAL (2)		(\$)		790.00

Fee Paid

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert B. O'Rourke	Registration No. (Attorney/Agent)	46,972	Telephone	(408) 720-8300
Signature				Date	3/6/07